

Personnel Procurement

Army Medical Department Professional Filler System

**Headquarters
Department of the Army
Washington, DC
1 March 1995**

Unclassified

SUMMARY of CHANGE

AR 601-142

Army Medical Department Professional Filler System

This revision--

- o Changes the title of the Professional Officer Filler System to Professional Filler System (throughout).
- o Deletes the term Korean Mobilization Augmentation Package (KMAP). This term is no longer needed since the justification for establishing KMAP was including enlisted soldiers, and now the PROFIS includes enlisted fillers in select units.
- o Clarifies the responsibilities of the Surgeon General (para 4).
- o Adds responsibilities of the commanders of the U.S. Army Pacific, U.S. Army South, and U.S. Army Special Operations Command (para 4).
- o Lists the actions required by MTOE unit commanders (para 4).
- o Clarifies the priorities for PROFIS fill (para 5).
- o Clarifies which MEDCOM medical treatment facility positions are exempt from filling PROFIS requirements (para 5).
- o States the policy for using officers participating in graduate health care education (para 5).
- o Adds requirements for PROFIS Paid Parachute Positions (para 5).
- o Establishes selection procedures for PROFIS commanders (para 5).
- o Explains how organizational clothing and individual equipment is issued (para 5).
- o Defines procedures for determining PROFIS requirements (para 6).
- o Lists procedures for personnel deployment (para 6).
- o Changes reporting requirements (para 7).
- o Adds substitutability criteria for specialty skills (table 1).
- o Revises DA Form 5537-R to include new medical functional areas and areas of concentration.

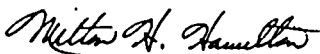
Personnel Procurement

Army Medical Department Professional Filler System

By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:


MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

History. This UPDATE printing publishes a complete revision of AR 601-142. Because the publication has been extensively revised, no attempt has been made to highlight changes.

Summary. This regulation provides guidelines to identify, qualify, train, and implement assignment procedures for Active Army Medical Department personnel in rounding out Active Army units using the Professional

Filler System during military operations with or without mobilization authority.

Applicability. This regulation applies to the Active Army modified tables of organization and equipment and tables of distribution and allowances units that provide or receive Army Medical Department fillers. It does not apply to the Army National Guard or U.S. Army Reserve. This publication is applicable during all levels of graduated mobilization response to include deployment operations with or without mobilization of Reserve Component.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate the approval authority, in writing, to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

Army management control process. Following a review of the guidance in AR 11-2, it is determined that this regulation does not contain management control provisions.

Supplementation. Supplementation of this regulation and establishment of command and

local forms are prohibited without prior approval from HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Distribution. Distribution of this publication is made in accordance with the requirements of DA Form 12-09-E, block number 2228, intended for command level B for Active Army only.

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*This regulation supersedes AR 601-142, 15 August 1986.

RESERVED

1. Purpose

This regulation assigns responsibilities and provides Department of the Army (DA) policy and procedures for managing the Army Medical Department (AMEDD) Professional Filler System (PROFIS). This system designates qualified Active Army AMEDD personnel serving in table of distribution and allowances units to fill U.S. Army Forces Command (FORSCOM) early deploying modified table of organization and equipment (MTOE) units, U.S. Army Pacific (USARPAC), U.S. Army Europe and Seventh Army (USAREUR), and Eighth U.S. Army (EUSA) forward deployed units upon execution of an approved Joint Chiefs of Staff Operation Plan (OPLAN) or upon execution of a no-plan contingency operation. The objective of the PROFIS is to resource MTOE units to their required level of organization of identified AMEDD personnel, in accordance with the Army Mobilization, Operations, Planning and Execution System (AMOPES).

2. References

Required and related publications and prescribed form are listed in appendix A.

3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

4. Responsibilities

The Surgeon General (TSG) is the proponent for PROFIS. The Commanding General (CG), U.S. Total Army Personnel Command (PERSCOM) is the lead agent. The responsibilities for implementing the PROFIS are as follows:

a. TSG will—

- (1) Provide policy guidance on PROFIS matters.
- (2) Maintain liaison with major Army commands (MACOMs) and field operating agencies (FOAs) involved in the PROFIS.
- (3) Monitor the status of fill for PROFIS within the MACOMs and the impact on readiness through the unit status report (USR) and use of the automated PROFIS system.
- (4) Nominate personnel for key PROFIS positions.
- (5) Identify individuals or duty positions which are exempt from utilization as PROFIS fillers. (See 5d below.)
- (6) Direct the use of AMEDD officers participating in graduate medical education (GME) and other approved graduate health care education programs to meet PROFIS requirements.

b. The Deputy Chief of Staff for Personnel (DCSPER) will convene annually a DA centralized selection board to recommend Medical Corps officers for future command of PROFIS units to the Chief of Staff, Army.

c. The CG, PERSCOM will—

- (1) Coordinate the designation of key PROFIS personnel (commanders and chief nurses) for selected MTOE medical units.
- (2) Notify selectees and update the data base for key PROFIS personnel after they have been identified through appropriate selection processes.
- (3) Distribute PROFIS requirements/assignments to providing and gaining commands.
- (4) Verify MACOM validations and forward updated PROFIS requirements to the providing commands for identification of filler personnel.
- (5) Respond to inquiries by the providing and gaining commands about PROFIS personnel.
- (6) Maintain liaison with MACOMs and FOAs involved in the PROFIS process.
- (7) Conduct AMEDD Colonel Command Selection Board to select PROFIS commanders.
- (8) Distribute FORSCOMs unit fill priority list to all MACOMs providing PROFIS.

d. The CG, U.S. Army Medical Command (MEDCOM) will ensure the PROFIS automation system is funded and the data base maintained to reflect accurate status.

e. The CG, MEDCOM, and CG, U.S. Army Materiel Command (AMC) will—

(1) Receive all validated PROFIS requirements from PERSCOM and forward each requirement to the appropriate organization to be filled. The agency designated to provide the filler will utilize the policies and procedures outlined in paragraph 5 in making a selection and will identify the filler personnel having the required area of concentration (AOC) and credentials within 20 working days after receipt of the requirement. Individuals identified must possess all of the special qualifications, to include the appropriate security clearance, if required, and skills needed to fill the MTOE requirement.

(2) Ensure that qualified personnel are assigned in each filler position. Substitutability criteria are listed in table 1.

(3) Ensure that fillers are Officer Basic Course qualified, soldier readiness program (SRP) qualified, and prepared to deploy per AR 600-8-101.

(4) Ensure that PROFIS fillers receive required annual MTOE training in accordance with MEDCOM guidance.

(5) Notify PERSCOM (TAPC-OPH) of problems encountered with filling PROFIS requirements.

f. The CG, FORSCOM, will—

(1) Validate command requirements for PROFIS personnel with PERSCOM (TAPC-OPH) semiannually or as the manpower documents change.

(2) Coordinate with commands providing PROFIS fillers to FORSCOM units to ensure filler plans are adequate and executable.

(3) Ensure that subordinate commanders receiving PROFIS personnel communicate with the organizations providing the PROFIS personnel, and provide annual field orientation and scenario dependent training for personnel designated for assignment to the unit.

(4) Require comment on the USR concerning the percentage of PROFIS fillers having received the gaining unit's field orientation.

(5) Ensure that subordinate units are authorized sufficient organizational clothing and individual equipment (OCIE) and other unit common table of allowance equipment, protective masks and weapons, and appropriate Army Authorization Documents System equipment to equip PROFIS personnel upon their arrival at the unit and to support them in a field environment.

(6) Ensure that subordinate commanders consult the PROFIS database monthly and verify availability and readiness of fillers with the providing commands in conjunction with the completion of the USR.

(7) Ensure that subordinate commanders gaining PROFIS personnel provide a commander's welcome letter and unit orientation packet to them not later than 10 working days following notification of their identity to the gaining unit.

(8) Prioritize all deploying units in accordance with paragraph 5c, and update the list annually or upon a change of priority, whichever comes first. The prioritized list will be submitted to PERSCOM (TAPC-OPH), with an information copy to Headquarters, Department of the Army (HQDA), (DASG-PTZ), by 30 September each year.

(9) Provide HQDA (DASG-PTZ) with a list of units/organizations that will be granted access to the PROFIS data base and each unit's level of access.

g. Commander in Chief (CINC), USAREUR, CG, EUSA, CINC, USARPAC, CINC, U.S. Army South (USARSO), and the Commander, U.S. Army Special Operations Command (USASOC) will—

(1) Validate command PROFIS requirements with PERSCOM (TAPC-OPH) annually. These PROFIS requirements must also be included in the appropriate OPLAN shelf requisitions and be provided to the Commander, PERSCOM (TAPC-MOB) in accordance with AMOPES, Annex E, Appendix 4.

(2) Communicate with commands providing PROFIS fillers. They will ensure PROFIS fillers are verified quarterly, and provide the names to the gaining units so that they can be counted on their USR.

(3) Ensure that the losing commanders specified in e above are

provided PROFIS orientation packets for distribution to PROFIS personnel by their gaining command. Since theater fillers will likely not receive a pinpoint assignment, minimal information will be included concerning arrival points, arrival processing, expected mission/duties, and the level of security clearance required.

h. MTOE unit commanders will—

(1) Coordinate with the providing organization to ensure that OCIE appropriate for the area of assignment is available for issue to assigned PROFIS fillers.

(2) Verify the continuing availability and readiness of designated fillers monthly.

(3) Consult the PROFIS data base and the providing organization monthly in conjunction with completion of the USR.

(4) Report unit PROFIS requirements to the MACOM as changes occur, but not less than semiannually.

(5) Provide annual field orientation and scenario dependent training for PROFIS fillers designated for assignment to the unit.

(6) Provide PROFIS fillers a welcome letter and unit orientation packet within 10 working days following their PROFIS designation. They will include information about the unit location, mission, individual duty position description, special qualifications (that is, advanced trauma life support or airborne training), AR 220-10 training requirements, individual equipment packing lists, schedule of future training opportunities, a reception itinerary/inprocessing training schedule, the time frame to report after notification of PROFIS activation, and the level of security clearance required.

i. The commander of the assigned PROFIS filler (losing unit) will provide travel funds for the PROFIS filler to and from the gaining unit for training. Any per diem expenses are the responsibility of the designated gaining unit.

5. Policy

a. The providing commands are MEDCOM and AMC. The gaining commands are USAREUR, FORSCOM, EUSA, USARPAC, USARSO, and USASOC.

b. MACOM supplementation of this regulation is prohibited without prior approval from HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

c. The priorities for PROFIS fill are:

(1) Contingency forces.

(2) Special operations forces.

(3) Forward deployed forces.

(4) All other forces. Unless otherwise instructed, requirements will be filled to 100 percent at the higher priority level before proceeding to the next level.

d. Medical treatment facility (MTF) commanders, MTF chief nurses, GME and other approved graduate health education (GHE) course directors, and GME/GHE participants will not normally be assigned to PROFIS positions. Persons participating in GHE education programs and GME may only be used as PROFIS in accordance with the guidelines in *e* below.

e. AMEDD officers participating in GHE and GME training programs will not be used as fillers on routine PROFIS rosters. In the event that all fully trained AMEDD officers have been scheduled for deployment, and TSG authorizes the use of GHE or GME participants, the following criteria will be utilized for the removal of GHE or GME participants from their training programs:

(1) Regardless of the level of emergency, trainees in their Post Graduate Year (PGY)-1 are exempt from deployment, unless approved by TSG.

(2) Trainees PGY-2 and beyond who are in fully or partially funded civilian training programs will continue to be assigned to the AMEDD student detachment during contingency situations short of full mobilization. These individuals will not be removed from their training programs unless approved by TSG.

(3) Trainees may be employed on a short-term basis (less than 90 days) to backfill positions vacated by the implementation of PROFIS. Fellows will be utilized before residents.

(4) Trainees will be used in their basic AOC. After completion of 50 percent of their training, they may be used in the AOC for which

they have been trained, provided adequate clinical competency has been achieved. The priority for the removal of trainees from their GHE or GME program is as follows:

(a) Trainees who would be given enough credit from their final phase of training to graduate off cycle.

(b) Trainees who could be deployed to medical units that would permit their deployed time to be credited for training (for example, in a deployed unit where clinical supervision and patient load are appropriate).

(5) Trainees will not be used to fill division level or high priority contingency positions (for example, forward surgical teams).

(6) GME or GHE participants will be the first returned upon redeployment in order to impact as little as possible upon their training.

(7) Commanders of MEDCOM teaching hospitals will report anticipated deployments that could cause a particular GHE or GME program to be placed on probation to the Commander, MEDCOM, Fort Sam Houston, TX 78234-6100.

f. Once all of the fully qualified personnel within an organization have been assigned to PROFIS positions, substitution criteria in table 1 will be used to fill the remaining requirements. Fillers may be substituted one grade down or two grades up from their present grade. (See table 1, note 1.) Once designated, PROFIS fillers will remain in a position for a minimum of 18 months.

g. PROFIS flight surgeon positions may be filled by currently practicing flight surgeons or former flight surgeons now practicing in another clinical area. Former flight surgeons, once designated as aviation PROFIS, require annual refresher training which is available at the Operational Aeromedical Problems Course at Fort Rucker, AL.

h. The rapid response required to support contingency operations necessitates the intensive management of fillers for units supporting the contingency force. In some instances, personnel must be ready to deploy from their home station with as little as 4 hours notice. PROFIS requirements for contingency units will be filled from the staff of the local MTF closest to the gaining unit to the maximum extent possible. The criteria contained in table 1 will be applied after the inventory of primary skills is exhausted. MTFs filling contingency requirements will not fill other PROFIS requirements until all contingency requirements have been met and there are still remaining assets in a particular specialty. Any requirements which cannot be met by the local MTF will be filled from within the health services support area. MTF commanders will ensure that the contingency PROFIS positions are filled at all times with individuals who are SRP/preparation for overseas movement (POM) qualified, and capable of performing their wartime mission during a no-notice deployment.

i. Certain PROFIS positions within the contingency force are Paid Parachute Positions (P4) and require Airborne training. Qualified personnel, or appropriate substitutes from table 1, occupying these positions are authorized to draw jump pay. The first priority of fill for these positions will be volunteers assigned to or eligible for reassignment to the local MTF who are already Airborne qualified. The second priority will be qualified volunteers currently assigned or eligible for reassignment within a 300-mile radius of the gaining MTOE unit. The third priority will be volunteers willing to attend Airborne training and currently assigned or eligible for reassignment to the local MTF. The final priority will be volunteers willing to attend Airborne training and currently assigned or eligible for reassignment within a 300-mile radius of the gaining MTOE unit. Personnel not currently Airborne qualified who volunteer to fill a P4 requirement will submit a request for Airborne training within 30 days of acceptance to fill the PROFIS position. The CG, FORSCOM will prioritize the units for Airborne assignments based upon operational plans. Requirements coded as P4 must be filled by Airborne qualified personnel unless the gaining MACOM commander waives the requirement. PERSCOM (TAPC-OPH) will actively seek volunteers for assignment to contingency installations for designation to PROFIS Airborne positions.

j. PROFIS commanders will be recommended by a DACommand Selection Board and approved by the Chief of Staff, Army. PERSCOM will establish procedures to fill other requirements designated as key personnel (that is, chief nurses at COL/LTC level). Key personnel will be coded "K" in the PROFIS automated data base. PERSCOM (TAPC-OPH) will provide MEDCOM with the names of key personnel PROFIS fillers as they are assigned to PROFIS positions. PERSCOM will notify key personnel PROFIS fillers upon their selection and will identify a replacement for key personnel prior to their permanent change of station (PCS), expiration of term of service (ETS), release from active duty, or retirement. TSG will ensure, in coordination with PERSCOM, that individuals designated as key personnel are assigned based on the results of the DA selection board.

k. PROFIS personnel detailed to fill deploying units will report to the Personnel Service Company (PSC)/Military Personnel Detachment (MPD) serving the deploying unit within the time frame established by the gaining unit commander. PROFIS personnel designated to fill forward deployed units outside continental United States (OCONUS) will be instructed to report to a designated central processing location or continental United States (CONUS) Replacement Center (CRC) for SRP processing and issue of equipment. In cases where a central processing center or CRC is not designated, PROFIS fillers will report to a designated Aerial Port of Embarkation (APOE). In these cases, SRP processing and issue of equipment is the responsibility of the home station (losing organization).

l. OCIE for PROFIS fillers flowing to forward deployed OCONUS units will normally be issued at a designated central processing center or CONUS CRC. If a central processing center or CRC has not been designated, the losing installation will issue OCIE to the PROFIS fillers prior to deployment. FORSCOM, USARPAC, USARSO, and USASOC fillers will be issued their OCIE through the gaining MTOE unit.

m. Questions regarding the implementation of PROFIS should be sent through command channels to HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

6. Procedures

a. *Determining requirements.* MTOE units will compare their total MTOE requirements against their authorizations to determine PROFIS requirements. Any AMEDD officer requirement which is not authorized, or which is authorized but not normally staffed (non officer distribution plan supported) during peacetime becomes a PROFIS requirement. This includes the enlisted soldier (Career Management Field 91) requirements of the selected FORSCOM (that is, caretaker hospitals and specialty augmentation teams) and EUSA units only.

b. *Changes to requirements.* Proposed changes to PROFIS requirements will be entered into the PROFIS automated data base at the unit level for FORSCOM units. Proposed changes will be electronically transmitted to the FORSCOM surgeon's office for validation. FORSCOM validated changes will be sent through HQDA (DASG-PTZ) for approval to PERSCOM (TAPC-OPH) for implementation. Once approved, the PROFIS data base will be changed to reflect the new requirement. This change will be transmitted to the appropriate MACOM or FOA for fill. USAREUR, EUSA, USARPAC, USARSO, and USASOC will submit changes directly to HQDA (DASG-PTZ) for approval and submission to PERSCOM (TAPC-OPH). These changes must also be incorporated into the appropriate OPLAN shelf. TAPC-OPH will develop procedures to distribute requirements to providing commands for fill. Once validated and sent to the providing command, the requirement will be filled within 20 working days. Upon PCS, ETS, or other anticipated loss of the designated PROFIS filler, including lack of SRP/POM qualification, a replacement will be entered into the automated data base within 20 working days. Replacement for anticipated losses will be identified no less than 90 days before the loss occurs. Changes will be submitted as they occur.

c. *Activation of PROFIS.*

(1) *OCONUS units.* PROFIS, as part of the OPLAN filler requirement, is activated at the request of the supported CINC or by OPLAN implementation. Upon HQDA (Office of the Deputy Chief of Staff for Operations and Plans) approval request for implementation, the Personnel Contingency Cell (PCC) in the Army Operations Center will direct PERSCOM to begin filler and/or casualty replacement flow against the supporting Army Component Commander's shelf requirement. The TSG representative in the PCC will dispatch a message to the MEDCOM to instruct the providing commands to initiate the flow for the forward deployed portion of PROFIS. The headquarters of the providing commands will dispatch a message to their subordinate units directing deployment of PROFIS to forward deployed positions for supported operations. The losing organization's personnel officer will request that the losing installation adjutant general (AG) publish temporary change of station (TCS) orders (format 401), as discussed in d(1) below. Personnel flowing to OCONUS forward deployed units will report to a CRC or other designated central processing center for soldier readiness verification and OCIE issue. CRCs will coordinate the movement of PROFIS fillers to the APOE. PROFIS personnel reporting to forward deployed units in Korea/Latin America will flow directly to the designated APOE.

(2) *CONUS units.* PROFIS personnel designated to fill CONUS deploying units will report to their gaining unit at the request of the gaining unit commander, with approval of FORSCOM Headquarters. Headquarters, FORSCOM will notify MEDCOM and/or the providing headquarters and TSG representative in the PCC of units activating their PROFIS fillers. The losing organization's personnel officer will instruct the losing installation AG to publish TCS orders and assist in making travel arrangements.

(3) *Contingency operations.* The preferred method of PROFIS activation for contingencies is the same as (2) above. However, operational security and short notice may preclude advance notification to TSG and the headquarters of the providing unit. In these instances, the MTOE unit will utilize its recall roster to notify the commander of the organization providing their designated PROFIS personnel. The providing organization commander will honor the request and deploy the PROFIS personnel. The losing organization's personnel officer will request that the losing installation AG publish TCS orders. As soon as operational security permits, TSGs representative in the Army Operations Center and the losing MACOM will notify the appropriate activities, as necessary, of PROFIS implementation.

(4) *Backfill requests.* Requests for backfill at organizations losing PROFIS personnel will be transmitted from the organization commander to the appropriate MACOM. Backfill requirements will be consolidated by the MACOM and provided in Army Operation Center/installation level of detail by electronic message to HQDA (DASG-PTZ) with an information copy to PERSCOM (TAPC-MOB).

d. *Assignment/attachment orders.*

(1) Upon activation of the PROFIS, personnel deploying to the theater of operations as individuals will move in a TCS status. Military personnel record jackets (MPRJ) will be handcarried by the soldier to the gaining PSC/MPD, CRC, or other replacement processing activity according to AR 600-8-104, paragraph 6-15k(1). Soldiers will process through one of these activities prior to deployment. TCS orders directing this reassignment will be prepared by the losing installation AG on execution of the operation. These orders will be used to obtain travel to the PSC/MPD servicing the deployed/deploying unit, central processing center, CRC, APOE, or as otherwise directed within the orders. Format 401 orders published by the losing AG according to AR 600-8-105 will be used to reassign individual fillers. The format 401 order is a self terminating order which may be endorsed, as required, to reflect movement within the replacement system to the forward deployed unit and return to home station.

(2) PROFIS personnel deploying to the theater of operations as members of deploying units will move in a TCS status using orders format 745 according to AR 600-8-105. Each PROFIS filler deploying with the unit will be provided copies of the unit movement order, and the annex listing the individuals included in the move.

(3) SRP requirements, levels 1, 2, and 3 must be met by all soldiers, whether moving as a member of a unit or as an individual, if the move is from CONUS to OCONUS, or from one OCONUS location to another. The losing MTF commander is responsible for ensuring all PROFIS soldiers complete the required SRP processing, levels 1 through 3. (See AR 600-8-101.)

(4) SRP requirements, level 4, must be met by all soldiers moving to the theater of operations. Specific level 4 requirements which must be met will be announced by message from HQDA (DCSPER).

(5) MPRJs will not be deployed to the theater of operations. The PSC/MPD servicing the deployed/deploying unit is responsible for maintenance of the PROFIS fillers MPRJ during periods of deployment. (See AR 600-8-101.)

(6) All PROFIS fillers will deploy with a deployment packet in their possession according to AR 600-8-104, paragraph 6-15k(2).

(7) All PROFIS personnel moving as individuals will be out-processed by the losing station and in-processed by the gaining station.

(8) Units with contingency missions and mission short of full mobilization require the TCS assignment of PROFIS personnel to the MTOE unit for the period of deployment. Contingency operations may require a rapid response, not leaving time to prepare TCS orders at the time of the operation. Therefore, upon assignment to a PROFIS position in a contingency unit, the losing unit personnel officer will request that the losing installation AG publish TCS orders to the gaining MTOE unit, using AR 600-8-105, format 401. These orders would only be activated upon deployment of the unit.

(9) TCS filler personnel will be accounted for in Standard Installation/Division Personnel System as assigned to the gaining unit (that is, departed by losing unit and arrived by gaining).

e. Training.

(1) The losing organization will provide requested PROFIS personnel for approved training exercises whenever possible. Every reasonable effort will be made to provide the designated individual(s) from the current PROFIS roster.

(2) PROFIS commanders will train quarterly with their designated MTOE unit. In addition to planning for future field training exercises, the PROFIS commander will be updated on the unit's readiness posture and other subjects as deemed necessary.

f. PROFIS command of medical units. The designated PROFIS commander assigned or attached to a medical MTOE unit deployed to receive and treat patients as a result of a military operation, will assume command of that unit until properly relieved. Command will be assumed from the regularly assigned commander when the unit is declared operationally ready to receive patients. During training exercises, the PROFIS commander will train with the regularly assigned commander, but will not assume command.

g. Officer Evaluation Reporting System.

(1) Personnel designated as PROFIS fillers will include a brief description of their PROFIS duties in their performance evaluation job description. MTOE unit commanders will provide letter input to be used in the filler's officer evaluation report. Raters and senior raters will briefly comment on the individual's performance and potential related to these duties based on the MTOE commander's letter of input.

(2) Corps, division, and separate brigade surgeons will have letter input to the rater of their respective PROFIS commanders. PROFIS commanders will coordinate with their respective corps surgeon to ensure that the name and unit of their rater is current and a matter of record.

7. PROFIS reports

The annual validation of U.S. Army Medical Department Professional Filler System Requirements (RCS MED 397) is required from the commands listed in *b* below. Changes should be submitted as they occur. However, an annual validation of all requirements will be submitted to HQDA (DASG-PTZ) as follows:

a. Units will submit DA Form 5537-R, (U.S. Army Medical Department Professional Filler System Requirements) (RCS MED 397), through command channels to their MACOMs by 30 August each year.

b. The following commands will submit a consolidated report to HQDA (DASG-PTZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258 by 30 September each year:

(1) FORSCOM.

(2) USAREUR.

(3) USARSO.

(4) USARPAC.

(5) USASOC.

(6) EUSA.

c. DASG-PTZ will review, validate and forward copies to PERSCOM (TAPC-OPH) for changes and PERSCOM (TAPC-MOB) for replacement operations planning/execution in accordance with AMOPES, Annex E, Appendix 4.

d. DA Form 5537-R will be locally reproduced 8½- by 11-inch paper. A copy for reproduction is located at the back of this regulation. Additionally, DA Form 5537-R may be electronically generated. The electronically generated form must contain all data elements and follow the exact format of the existing printed form. The form number of the electronically generated form will be shown as DA Form 5537-R and the date will be the same as the date of the current edition of the printed form.

Table 1
Substitutability criteria (See notes 1 and 2)

Branch	Level of replacement	Primary specialty	Substitute specialty
Medical Corps	100%	60A Operational Medicine	All 60/61/62 series specialties
		60B Nuclear Medicine	None
	100%	60C Preventive Medicine	60D Occupational Medicine
			61N Flight Surgeon (Aerospace Medicine Certified)
		60J OB/GYN	None
		60K Urologist	None
		60L Dermatologist	None
		60N Anesthesiologist	None
		60S Ophthalmologist	None
		60T Otolaryngologist	None
	100%	60V Neurologist	60R Child Neurologist
	100%	60W Psychiatrist	60U Child Psychiatrist
		61A Nephrologist	None

Table 1
Substitutability criteria (See notes 1 and 2)—Continued

Branch	Level of replacement	Primary specialty	Substitute specialty
	100%	61F Internist	60F Pulmonary Disease 60G Gastroenterologist 60H Cardiologist 61A Nephrologist 61B Oncologist/Hematologist 61C Endocrinologist 61D Rheumatologist 61G Infectious Disease 60B Nuclear Medicine
	50%		
	50%	61F Internist	60M Allergist/Clinical Immunologist (only if root training was internal medicine)
		61G Infectious Disease	None
	75%	61H Family Physician	62A Emergency Medicine 62B Field Surgeon
	100%	61J General Surgeon (See note 3)	61K Thoracic Surgeon 61L Plastic Surgeon 61W Peripheral Vascular Surgeon
	25%	61J General Surgeon	60J OB/GYN 60K Urologist
		61K Thoracic Surgeon	None
		61M Orthopedic Surgeon	None
		61N Flight Surgeon	None
	100%	61R Diagnostic Radiologist	60B Nuclear Medicine 61Q Therapeutic Radiologist (Only if the individual has completed a 61R residency training program)
		61U Pathologist	None
		61Z Neurosurgeon	None
	50%	62A Emergency Physician	61H Family Physician
	100%	62B Field Surgeon	All 60/61/62 series specialties except: 60B Nuclear Medicine 60N Anesthesiologist 60U Child Psychiatrist 60W Psychiatrist 61Q Therapeutic Radiologist 61R Diagnostic Radiologist 61U Pathologist
	100%	600A Physician Assistant	62A Emergency Physician 62B Field Surgeon 61H Family Physician 65D Physician Assistant
Dental Corps	100%	63A Dental Officer	63B Comprehensive Dentist 63K Pedodontist
	50%		63F Prosthodontist
	25%		63D Periodontist 63E Endodontist 63H Preventive Dentistry/Dental Public Health 63M Orthodontist 63N Oral Surgeon 63P Oral Pathologist
		63B Comprehensive Dentist	None
	25%	63F Prosthodontist, Fixed	63B Comprehensive Dentist
	25%	63H Preventive Dentistry/Dental Public Health	63B Comprehensive Dentist
		63N Oral Surgeon	None
	100%	63R Executive Dental Officer	All 63 series specialties
Veterinary Corps	100%	64A00 Senior Veterinarian (Duty Position)	All MFA 75 series specialties except 75A64
	100%	75A64 Field Veterinary Services Officer	All MFA 75 series specialties
	50%	75B64 Veterinary Preventive Medicine Officer	All MFA 75 series specialties except 75A64
		75C64 Veterinary Laboratory Animal Medicine	None
		75D64 Veterinary Pathologist	None

Table 1
Substitutability criteria (See notes 1 and 2)—Continued

Branch	Level of replacement	Primary specialty	Substitute specialty
Army Medical Specialist Corps	100%	75E64 Veterinary Microbiologist	None
		75F64 Veterinary Comparative Medicine	None
		65A Occupational Therapist	None
		65B Physical Therapist	None
		65C Dietitian	None
		65D Physician Assistant	62A Emergency Medicine 62B Field Surgeon 61H Family Physician 600A Physician Assistant
Army Nurse Corps	100%	66A Nurse Administrator	None
		66C Psychiatric/Mental Health Nurse	None
		66E Operating Room Nurse	None
		66F Nurse Anesthetist(CSH, FLD, GEN) (See note 4)	60N Anesthesiologist
		66H Medical–SurgicalNurse (MASH/CSH)	None
		66H Medical–Surgical Nurse (FLD/GEN)	66A Nurse Administrator 66B Community Health Nurse 66D Pediatric Nurse 66G OB/GYN Nurse 66J Clinical Nurse
		66H8A Critical Care Nurse (MASH/CSH)	None
		66H8A Critical Care Nurse (FLD/GEN)	66H Medical–Surgical Nurse
		66J Clinical Nurse	66B Community Health Nurse 66D Pediatric Nurse 66G OB/GYN Nurse 66H Medical–Surgical Nurse
Medical Service Corps MFA 70 Health Services	100%	67A Health Services Officer (Duty position)	Any MFA 70 series officer
		70A67 Health Care Administrator	None
		70B67 Health Services Officer	Any MFA 70 series company grade officer
		70C67 Health Services Comptroller	None
		70D67 Health Services Systems Mgr	None
		70E67 Patient Administration Officer	None
		70F67 Health Services Hum Res Mgr	None
		70H67 Health Services Plans,Opns, Intel, & Trng Officer	None
		70K67 Health Services Materiel Mgr	None
		67B Lab Sciences Officer (Duty Position)	All MFA 71 series specialties
		71A67 Microbiologist	None
		71B67 Biochemist (See note 5)	None
MFA 71 Laboratory Sciences	100%	71B67 Physiologist (See note 5)	None
		71C67 Parasitologist	None
		71D67 Immunologist	None
		71E67 Clin Lab/Laboratory Manager	None
		71F67 Research Psychologist	None
		67C Prev Medicine Officer (Duty Position)	All MFA 72 series specialties
		72A67 Nuclear Medical Science Officer	None
		72B67 Entomologist	None
		72C67 Audiologist	None
		72D67 Environmental Science Officer	72E67 Sanitary Engineer
		72E67 Sanitary Engineer	None
		67D Behavioral Sci Officer (Duty Position)	All MFA 73 series specialties
MFA 72 Preventive Medicine	100%		
MFA 73 Behavioral Sciences	100%		

Table 1
Substitutability criteria (See notes 1 and 2)—Continued

Branch	Level of replacement	Primary specialty	Substitute specialty
Separate AOCs		73A67 Social Work Officer	None
		73B67 Clinical Psychologist	None
		67E00 Pharmacy Officer	None
		67F00 Optometry Officer	None
		67G00 Podiatrist	None
		67J00 Aeromedical Evacuation Officer	None

Notes:

1. Substitution for the required grade may be made by using an officer up to two grades below or one grade above the requirement. (For example, a requirement for a MAJ may be filled by an officer in the grade of LTC, MAJ, CPT, or 1LT.) Conversely, an officer may fill a requirement two grades up or one grade down from his or her current grade. (For example, a MAJ may fill a position requiring a COL, LTC, MAJ, or CPT.)
2. The complete inventory of personnel with the primary specialty must be exhausted within the MTF before substituting with an alternate specialty.
3. Substitute providers not trained and certified in general surgery will have a one-to-one mix with 61J General Surgeons. This limitation does not apply to those who have had general surgery as their basic AOC with subsequent specialization.
4. One way operational substitution of 60N for 66F is permitted as a temporary fill in combat support hospitals (CSH), field hospitals (FLD), and general hospitals (GEN).
5. Biochemist and Physiologist are combined under AOC 71B67.

Appendix A References

Section I Required Publications

AR 600–8–101

Personnel Processing (In-and-Out and Mobilization Processing). (Cited in paras 4-d(3), 6d(3), and 6d(5).)

AR 600–8–105

Military Orders. (Cited in paras 6d(1), 6d(2), and 6d(8).)

Section II Related Publications

AR 220–1

Unit Status Reporting

AR 220–10

Preparation For Overseas Movement Of Units (POM)

AR 600–8–6

Unit Personnel Accounting and Strength Reporting

AR 600–8–104

Military Personnel Information Management/Records

Section III Prescribed Forms

DA Form 5537–R

U.S. Army Medical Department Professional Filler System Requirements (RCS MED 397). (Prescribed in para 7.)

Section IV Referenced Forms

Glossary

Section I Abbreviations

AG

adjutant general

AMC

U.S. Army Materiel Command

AMEDD

Army Medical Department

AMOPES

Army Mobilization, Operations, Planning and Execution System

AOC

area of concentration

APOE

aerial port of embarkation

CG

commanding general

CINC

commander in chief

CONUS

continental United States

CRC

CONUS Replacement Center

CSH

combat support hospital

DA

Department of the Army

DCSPER

Deputy Chief of Staff for Personnel

ETS

expiration of term of service

EUSA

Eighth U.S. Army

FLD

field hospital

FOA

field operating agency

FORSCOM

U.S. Army Forces Command

GEN

general hospital

GHE

graduate health education

GME

graduate medical education

HQDA

Headquarters, Department of the Army

MACOM

major Army command

MASH

mobile army surgical hospital

MEDCOM

U.S. Army Medical Command

MFA

Medical Functional Area

MPD

Military Personnel Detachment

MPRJ

military personnel record jacket

MTF

medical treatment facility

MTOE

modified table(s) of organization and equipment

OCIE

organizational clothing and individual equipment

OCONUS

outside continental United States

OPLAN

operation plan

PCC

personnel contingency cell

PCS

permanent change of station

PERSCOM

U.S. Total Army Personnel Command

PGY

post graduate year

POM

preparation for overseas movement

PROFIS

Professional Filler System

PSC

Personnel Service Company

P4

PROFIS Paid Parachute Positions

SRP

soldier readiness program

TCS

temporary change of station

TSG

The Surgeon General

USAREUR

U.S. Army, Europe and Seventh Army

USARPAC

U.S. Army Pacific

USARSO

U.S. Army South

USASOC

U.S. Army Special Operations Command

USR

unit status report

Section II Terms

AMEDD professional fillers

Active Duty AMEDD personnel in table of distributions and allowances units that are designated for reassignment/attachment to vacancies in MTOE Active Army units upon initiation of contingency deployment or mobilization.

AMEDD Professional Filler System

The system designed to assign/attach Active Duty AMEDD personnel to Active Army Mobilization Table of Organization Equipment required positions that are not authorized or not normally filled.

Contingency deployment

National command authority designated operations requiring deployment of forces within 72 hours or less.

CONUS Replacement Center

A portion of the wartime Army replacement system used for marshaling nonunit personnel in preparation for deployment.

Early deploying units

Units deploying within the first 44 days in support of a specific OPLAN.

Major Army Commands

Consists of the command organizations of Army forces in the CONUS (other than HQDA), the Army components of unified commands, and one Army specified command.

Operating agency

A command, headquarters, or agency assigned a code designation for consolidating fiscal data for budgetary analysis.

Section III

Special Abbreviations and Terms

This section contains no entries.

Index

This index contains no entries.

U. S. ARMY MEDICAL DEPARTMENT PROFESSIONAL FILLER SYSTEM REQUIREMENTS										REQUIREMENTS CONTROL SYMBOL MED 397		
For use of this form, see AR 601-142; the proponent agency is OTSG										DATE		
FROM										DATE		
AOC	POSITION TITLE	COL REQ/ ASSIGN	LTC REQ/ ASSIGN	MAJ REQ/ ASSIGN	CPT REQ/ ASSIGN	1LT REQ/ ASSIGN	2LT REQ/ ASSIGN	TOTAL MTOE ALO-1 ROMTS	TOTAL ASSIGNED	AOC OVERAGE SHORTAGE	NUMBER SUB AOC APPLIED	ADJUSTED OVERAGE SHORTAGE
MEDICAL CORPS												
60A	Operational Medicine											
60B	Nuclear Medicine Officer											
60C	Preventive Medicine Officer											
60D	Occupational Medicine Officer											
60F	Pulmonary Disease Officer											
60G	Gastroenterologist											
60H	Cardiologist											
60J	Ob & Gyn											
60K	Urologist											
60L	Dermatologist											
60M	Allergist/Clinical Immunologist											
60N	Anesthesiologist											
60P	Pediatrician											
60Q	Pediatric Cardiologist											
60R	Child Neurologist											
60S	Ophthalmologist											
60T	Otolaryngologist											
60U	Child Psychiatrist											
60V	Neurologist											
60W	Psychiatrist											
61A	Nephrologist											
61B	Med Oncologist/Hematologist											
61C	Endocrinologist											
61D	Rheumatologist											
61E	Clinical Pharmacologist											
61F	Internist											
61G	Infectious Disease Officer											
61H	Family Physician											
61J	General Surgeon											
61K	Thoracic Surgeon											
61L	Plastic Surgeon											
61M	Orthopedic Surgeon											
61N	Flight Surgeon											
61P	Physiatrist											

AOC	POSITION TITLE	COL REQ/ ASSIGN	LTC REQ/ ASSIGN	MAJ REQ/ ASSIGN	CPT REQ/ ASSIGN	1LT REQ/ ASSIGN	2LT REQ/ ASSIGN	TOTAL MTOE ALO-1 RQMTS	TOTAL ASSIGNED	AOC OVERAGE SHORTAGE	NUMBER SUB AOC APPLIED	ADJUSTED OVERAGE SHORTAGE
MEDICAL CORPS (Continued)												
61Q	Therapeutic Radiologist											
61R	Diagnostic Radiologist											
61U	Pathologist											
61W	Peripheral Vascular Surgeon											
61Z	Neurosurgeon											
62A	Emergency Physician											
62B	Field Surgeon											
DENTAL CORPS												
63A	General Dentist											
63B	Comprehensive Dentist											
63D	Periodontist											
63E	Endodontist											
63F	Prosthodontist											
63H	Prev Den/ Pub Health Dentist											
63K	Pedodontist											
63M	Orthodontist											
63N	Oral Surgeon											
63P	Oral Pathologist											
63R	Executive Dental Officer											
VETERINARY CORPS												
MFA75	VETERINARY SERVICES OFFICER											
75A64	Field Veterinary Services Officer											
75B64	Veterinary Prev Med Officer											
75C64	Veterinary Lab Animal Med Off											
75D64	Veterinary Pathologist											
75E64	Veterinary Microbiologist											
75F64	Veterinary Comparative Med Off											
ARMY MEDICAL SPECIALIST CORPS												
65A	Occupational Therapy											
65B	Physical Therapy											
65C	Dietitian											
65D	Physician Assistant											
ARMY NURSE CORPS												
66A	Nurse Administrator											
66B	Community Health Nurse											
66C	Psych/Mental Health Nurse											
66D	Pediatric Nurse											
66E	Operating Room Nurse											

AOC	POSITION TITLE	COL REQ/ ASSIGN	LTC REQ/ ASSIGN	MAJ REQ/ ASSIGN	CPT REQ/ ASSIGN	1LT REQ/ ASSIGN	2LT REQ/ ASSIGN	TOTAL MTOE ALO-1 RCMT'S	TOTAL ASSIGNED	AOC OVERAGE SHORTAGE	NUMBER SUB AOC APPLIED	ADJUSTED OVERAGE SHORTAGE
ARMY NURSE CORPS (Continued)												
66F	Nurse Anesthetist											
66G	Ob & Gyn Nurse											
66H	Medical-Surgical Nurse											
66J	Clinical Nurse											
MEDICAL SERVICE CORPS												
MFA70	HEALTH SERVICES OFFICER											
70A67	Health Care Administrator											
70B67	Health Services Administrator											
70C67	Health Services Comptroller											
70D67	Health Services Systems Manager											
70E67	Patient Administrator											
70F67	Health Services Human Res Mngr											
70H67	Health Svc POIS & T Officer											
70K67	Health Services Materiel Manager											
MFA71	LABORATORY SCIENCES OFFICER											
71A67	Microbiologist											
71B67	Biochemist *											
71B67	Physiologist *											
71C67	Parasitologist											
71D67	Immunologist											
71E67	Clinical Lab/Lab Mgr											
71F67	Research Psychologist											
MFA72	PREVENTIVE MEDICINE OFFICER											
72A67	Nuclear Med Science Officer											
72B67	Entomologist											
72C67	Audiologist											
72D67	Environmental Science Officer											
72E67	Sanitary Engineer											
MFA73	BEHAVIORAL SCIENCES OFFICER											
73A67	Social Worker											
73B67	Clinical Psychologist											
SEPARATE AOCs												
67E00	Pharmacy Officer											
67F00	Optometry Officer											
67G00	Podiatrist											
67J00	Aeromedical Evac Officer											
* Biochemist and Physiologist have been combined into one AOC.												

AOC	POSITION TITLE	CW5 REQ/ ASSIGN	CW4 REQ/ ASSIGN	CW3 REQ/ ASSIGN	CW2 REQ/ ASSIGN	WO1 REQ/ ASSIGN	TOTAL MTOE ALQ-1 ROMTS	TOTAL ASSIGNED	AOC OVERAGE SHORTAGE	NUMBER SUB AOC APPLIED	ADJUSTED OVERAGE SHORTAGE
WARRANT OFFICERS											
600A	Physician Assistant										
640A	Veterinary Services Tech										
670A	Health Svcs Maint Tech										
<p>EXPLANATION OF ENTRIES:</p> <p>COLUMN 1 -- AMEDD AOC</p> <p>COLUMN 2 -- POSITION TITLE</p> <p>COLUMN 3 THROUGH 8 -- GRADE</p> <p>COLUMN 9 -- MTOE TOTALS</p> <p>COLUMN 10 -- TOTAL PERSONNEL BY AOC</p> <p>COLUMN 11 -- AOC TOTAL OVERAGE (+) / SHORTAGES (-)</p> <p>COLUMN 12 -- AOC SUBSTITUTION APPLIED</p> <p>A (+) MEANS THAT ANOTHER AOC WAS APPLIED TO THIS AOC SHORTFALL</p> <p>A (-) MEANS THAT THIS AOC WAS APPLIED TO ANOTHER AOC</p> <p>COLUMN 13 -- ADJUSTED OVERAGES / SHORTAGES - AFTER SUBSTITUTION</p> <p>SHORTAGES AFTER ADJUSTMENT WILL EQUAL PROFIS REQUIREMENT</p>											
REMARKS											
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